U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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1. File Number U -

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FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

01/01/2004 Through: 12/31/2004

3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name Bergemen Koeher h	Name OPCM # 39		
Senjamin round	Labor Organization File Number 405 03/13/		
P.O. Box, Bldg., Room No., if any P , O BX/OO	P.O. Box, Building and Room Number, if any		
Street	Street Muddy CREER		
City READER WV	city Midgl/& BOVRNE		
State WV ZIP Code + 4 9-12/67	State 21P Code + 4 2 6 / 49		
5. Position in labor organization. EXC. ROARS			
Enter appropriate data below If, during the past fiscal year, you or your sponsor (except as specified in the exclose) A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate	derived income or other economic benefit of		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name MA			
Trade Name, if any:			
	1		
P.O. Box, Bldg., Room No., if any	7 b Amount		
	7.b. Amount.		
P.O. Box, Bldg., Room No., if any Street	7.b. Amount.		
	7.b. Amount.		
Street	7.b. Amount.		
Street City State ZIP Code + 4	7.b. Amount.		

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Name of Person Filing			THE MUTIDEL U-			
B. Held an interest in or derived income or substantial part of which consists of buying of an employer whose employees your lab (2) any part of which consists of buying fro dealing with your labor organization or with	g from, selling or leasing to, or otherv or organization represents or is activ om or selling or leasing directly or ind	vise dealing with the business vely seeking to represent, or irectly to, or otherwise				
Name and address of Business (including trade name, if any).		9. Business deals with:				
Name WA		a, Labor Organization	n			
Trade Name, if any:	e de la companya de l	b. Trust	•			
P.O. Box, Bldg., Room No., if any		c. Employer				
Street		c. Employer				
City						
State	ZIP Code + 4		•			
10. If 9.b. or 9.c. is checked give trust or er	mployer's name.	11.a. Nature of such dealing		The second secon		
Name WA				de projection de la constantina del constantina de la constantina del constantina de la constantina de la constantina de la constantina del constantin		
Trade Name, if any:		\$ 1 m		i (r) is statement		
P.O. Box, Bldg., Room No., if any		a) A		appropriate to the state of the		
Street		11.b. Approximate dollar value	of such dealing.			
City	e de la companya de l	12.a. Nature of interest held o				
State	ZIP Code + 4	NA				
		Manage of the second				
			e. Na nagy taon (Nagy 1973) ay 1 ay			
a boundary prior		12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.						
13.a. Name and address of Employer or La (including trade name, if any).		14.a. Nature of payment.	open the common to the			
Name WA		: V <i>F</i>		<u>.</u>		
Trade Name, if any:				i ;		
P.O. Box, Bldg., Room No., if any				; ;		
Street						
City				:		
State	ZIP Code + 4			: أو الرابية والمنظور والرابية على المن الشراعية المناطقة المناطقة المناطقة المناطقة المناطقة المناطقة المناطقة		
42 h Ja tha Chusinaan an English	or Consultant 2	14,b. Amount of payment.				